




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90023 029 \*\*\*\*50.00

<b>DOCUMENT # L00000015198</b> 1. Entity Name <b>BAY LAWN L.L.C.</b>						
Principal Place of Business <b>406 HAMDEN DR. CLEARWATER BEACH, FL 33767</b>			Mailing Address <b>406 HAMDEN DR. CLEARWATER BEACH, FL 33767</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>CHAMPLIN, SUZANNE E MANAGER 406 HAMDEN DR. CLEARWATER BEACH, FL 33767</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM			TITLE		
NAME	CHAMPLIN, SUZANNE E MANAGER			NAME		
STREET ADDRESS	406 HAMDEN DR.			STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP		
TITLE				TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>4/9/04</b> (727) 443-4529 <small>Daytime Phone #</small>		